

AO 435 AZ Form (Rev. 10/2018)				Administrative Office of the United States Courts TRANSCRIPT ORDER				FOR COURT USE ONLY DUE DATE:	
1. NAME Hilary Johnson				2. PHONE NUMBER (202) 508-8737		3. DATE 2/26/2019			
4. FIRM NAME Crowell & Moring LLP									
5. MAILING ADDRESS 1001 Pennsylvania Avenue NW, Fl. 11				6. CITY Washington		7. STATE DC		8. ZIP CODE 20004	
9. CASE NUMBER MDL 15-2641			10. JUDGE David G. Campbell			DATES OF PROCEEDINGS			
13. CASE NAME Hyde v. C.R. Bard			11.			12.			
						LOCATION OF PROCEEDINGS			
			14. PHX			15. STATE AZ			
16. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input checked="" type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER (Specify)									
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)									
PORTIONS		DATE(S)		PORTION(S)		DATE(S)			
<input type="checkbox"/> VOIR DIRE				<input checked="" type="checkbox"/> TESTIMONY (Specify)					
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)				Hurst, McMeeking,		During Hyde Trial			
<input type="checkbox"/> OPENING STATEMENT (Defendant)				and Muehrcke.					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING					
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)									
<input type="checkbox"/> OPINION OF COURT									
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)					
<input type="checkbox"/> SENTENCING									
<input type="checkbox"/> BAIL HEARING									
18. ORDER									
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)			ESTIMATED COSTS		
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY					
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> PDF (e-mail)					
7 DAYS(expedited)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/> ASCII (e-mail)					
3 DAYS	<input type="checkbox"/>	<input type="checkbox"/>							
DAILY	<input type="checkbox"/>	<input type="checkbox"/>							
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>							
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>		E-MAIL ADDRESS hjohnson@crowell.com					
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.					
19. SIGNATURE /s/ Hilary Johnson									
20. DATE Feb. 26, 2019									
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL					
ORDER RECEIVED		DATE	BY	PROCESSED BY			PHONE NUMBER		
DEPOSIT PAID				DEPOSIT PAID					
TRANSCRIPT ORDERED				TOTAL CHARGES					
TRANSCRIPT RECEIVED				LESS DEPOSIT					
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED					
PARTY RECEIVED TRANSCRIPT				TOTAL DUE					

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